

# Dynamic Divisions

eHealth Issue



Delivering local health solutions through general practice





## Take a positive step



*Christine Bennett*  
Chief Medical Officer

As one of Australia's many private health insurers it is perhaps understandable that MBF is the most likely to have an affinity with general practitioners and their commitment to caring for the health of Australians.

A strong connection between MBF and the medical profession dates back to MBF's earliest days when Australia's private health insurance system was being developed.

It was two general practitioners -- Dr Ronald Grieve and Dr Geoffrey Howe -- who played a leading role in establishing MBF in NSW in 1946. The two doctors encouraged nearly a thousand of their colleagues to each contribute £10 to provide MBF's start up funds.

With such a strong link to GPs, it is only natural that MBF would share a commitment to looking after members' health beyond the financial transactions of private health insurance.

This emphasis on encouraging members to take control of their health and wellbeing is embedded firmly in MBF's culture and values as an organisation.

While private health insurers are unable to have formal business ties to GPs in the payment of benefits for members' consultations that are currently covered by Medicare, we believe there are other opportunities to renew our important connection with GPs.

GPs are the foundation for supporting our members to take the best actions for their health. To this end preventative healthcare and chronic disease management are the two areas with the greatest potential for our renewed cooperative approach.

MBF is already active in encouraging a preventative health approach. MBF's in2life encourages and supports healthy behaviour by providing information and programs that send a strong message to members that 'good health begins with you'.

Health management programs are another focal point. MBF's asthma and diabetes management programs were among the first such programs on offer from private health insurers.

And we have recently added four more Positive Health Programs to assist members grappling with the impact of chronic back pain, obstructive lung disease, congestive heart failure and arthritis. Tailored personal health records have been developed to help members with the recording and management of their condition. Together with detailed information booklets these are publicly available on MBF's website [www.mbf.com.au](http://www.mbf.com.au)

Common to all of our health management programs is that we encourage our members to work with their GPs to develop action plans to better manage their conditions.

Helping Australians to maintain and improve their health is essential to the future of our community. There are so many health challenges to address including childhood obesity, the alarming increase in type 2 diabetes, the mental health impact of changing social structures, the pressures of our fast lifestyles and of course the health impact of an ageing population.

With this in mind, MBF looks forward to working cooperatively with GPs to make preventative health a vital health movement throughout Australia. It would mark the continuation of a connection between MBF and General Practice that began more than 60 years ago.

A handwritten signature in black ink that reads "Christine Bennett".

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Welcome to this *eHealth* edition of *Dynamic Divisions*.

The use of information and communication technologies in health care (e-health) improves health outcomes (quality and effectiveness of care), safety (reduced adverse events),

and efficiency (value for money). This edition of *Dynamic Divisions* provides an insight into some of the exciting programs being carried out in divisions in the area of eHealth. The stories highlighted here cover a wide range of projects, from the development of systems for digital signing and dispensing of prescriptions in the Top End, to a Yorke Peninsula practice winning a national award for IT innovation, to electronic health records facilitating better health care in Brisbane's north.

These stories are but a few examples of the innovative local programs being undertaken by divisions to assist general practice teams to improve health outcomes for the community through the better use of information and communication technologies.

I trust you will enjoy this edition of *Dynamic Divisions*.

Kate Carnell AO  
Chief Executive Officer

## About the Network

Australian General Practice Network (AGPN) is the peak national body representing 119 Divisions of General Practice and eight state-based organisations (SBOs) across Australia. About 95 per cent of GPs are members of a local Division of General Practice.

The Divisions Network is a primary cornerstone of Australia's primary health care system. AGPN's key objective is to promote the health and well-being of Australians through Divisions of General Practice by:

- strengthening the effectiveness and vitality of the general practice sector by leading and supporting the Divisions Network

- advocating for, and representing the network to government, other organisations and the Australian public
- contributing to the development and implementation of national health policy in collaboration with divisions and SBOs
- promoting cooperation and communication with other national organisations in Australia that are working toward excellence in primary health care and general practice
- providing national leadership in health system development.

# Yorke Peninsula practice wins national award for IT innovation

“For less than \$1,000, we have created a health network that is reaping benefits for doctors, patients and other health providers.”

A secure intranet developed by Kadina Medical Associates and the Yorke Peninsula Division of General Practice has received the 2007 Australian Telecommunications User Group (ATUG) award for “Effective Use of Broadband (Health)”.

The intranet provides remote access to KMA's three branches, the local GPs' homes, two local nursing homes, Newbery Chemists (multiple sites) and Wallaroo Hospital for out of hours consults.

KMA Practice Manager Steve Richards and Jane Ford from the Yorke Peninsula Division of General Practice travelled to Sydney for the awards.

“Before the award winner was announced, judges' special mentions were read out,” Jane said.

“These went to CSIRO and Sydney West Area Health Service's Virtual Critical Care Unit for its remote access service to specialist expertise; BreastScreen Victoria for its travelling digital mammography screening service; and North and West Queensland Primary Health Care (Division) for linking more than 80 health care professionals across 760,000 square kilometres of regional, rural and remote Queensland.

“At this stage, we thought we were out of our league and going home empty-handed; however, this thought was soon forgotten when the master of ceremonies announced ‘the winner for 2007 is Kadina Medical Associates, South Australia’,” she said.

For the last seven years, Steve and Jane have been discussing the concept of a health intranet, while

watching the progress of Commonwealth projects such as MediConnect and HealthConnect.

Building on their shared ideas, Steve implemented a Virtual Private Network (VPN) service which delivered efficiencies and benefits across a range of areas.

## Benefits and efficiencies

As a result of the introduction of the VPN major improvements have been achieved in the way the practices can manage their business and patients.

- GPs now have access to a common set of electronic medical records, appointment bookings and accounts for all three of the clinic's branches in “live time”
  - GPs can now effectively communicate with any other user on the network as if they are in their own office.
- Aged care facilities and pharmacies have access to a secure messaging system provided by KMA's Zedmed practice software, allowing requests for scripts or visit requests to be directed to individual doctors
  - all messages are logged by both sender and receiver, allowing the surgery to meet best practice for accreditation standards.
- Interruptions during consultations caused by phone calls from pharmacists and nursing staff at hospitals and nursing homes has successfully been reduced as external communications arrive via an intra mail directly to the doctor.
- Duplication of requests have been reduced through live access to clinic records thereby saving time for both practice staff and the requesting staff.



Sharing the good news, Member for Goyder Steven Griffiths (fourth from left) congratulates Kadina Medical Associates on winning a national technology award for its intranet service linking health services. From left: Peninsula Residential Care (Kadina) enrolled nurse Julie Bailey, Star of the Sea (Walleroo) clinical nurse Robert Miller, YP Division of General Practice Program Manager Jane Ford, Steven Griffiths, Kadina Medical Associates Practice Manager Steve Richards, Newbery Chemist pharmacist Tim Gross, Kadina Medical Centre's Dr Graham Morris and Wallaroo Hospital clinical nurse Deb Daulby.

- Nursing homes also report a reduction in their medication issues
  - doctors are able to access their clinic notes and print scripts and drug charts at the nursing home when they visit, rather than having to remember to do this when they return to the clinic and then forward them to the nursing home
  - this represents both time saving and best practice for the GP clinic, the nursing homes, hospital and pharmacy which assists them in delivering safer health care.

"You do not need to be a multinational firm or government department with budgets of millions of dollars to make an idea a reality," Steve said. "For less than \$1,000, we have created a health network that is reaping benefits for doctors, patients and other health providers."

ATUG ACT State Convener Peter Lockhart, congratulated KMA on receiving the award, and said,

*"There are only four things that you can do with technology—save time, save money, change your costs and change the market place. Kadina's solution nominated for this award did all four things; there were many nominations that addressed one of these criteria, but Kadina achieved all four."*

In Kadina, staff and medicos have praised the intranet service, saying it provides better communications, less administration work, fewer interruptions and security of information.

Looking back on the implementation process, Steve said the most important lesson he learned was "Do your homework and do not be afraid to ask 'stupid' questions—often they are not that stupid.

"Through close liaison with the Yorke Peninsula Division of General Practice and Zedmed (medical software company), we were able to turn an idea into reality."

ATUG's awards are the oldest and most respected awards for Australian communications achievements in nine categories. The awards are independent and made on the recommendation of an invited panel of experts.

# Digital mapping project helps to improve patient care

“Practices find this view of their populations very interesting and useful.”

The Practice Health Atlas (PHA) project developed by the Adelaide Western General Practice Network is helping general practices around the country better understand and care for their patient population.

After a three-year development phase, the PHA project has now reached the stage where other divisions are being trained in the process.

To date, 22 divisions around Australia have been trained with another 18 scheduled. It is hoped at least 50 more divisions will be trained by the end of June 2008.

## What is a Practice Health Atlas?

A PHA is a document produced by the division for a general practice. It consists of two main components:

- epidemiology and mapping
- business and clinical modeling.

When completed, a PHA is presented to the practice in a comprehensive report. The division discusses the results and analysis of the PHA with the practice. Discussions include a detailed review of the two main components and any points of interest. This is followed by options for changing the business and/or clinical systems of the practice and identifying where divisional programs may be able to assist in these areas.

Practices in the Adelaide Western General Practice Network have also found additional uses for the PHA, such as for amalgamation of practices, research purposes and determining suitable sites for practice relocation.

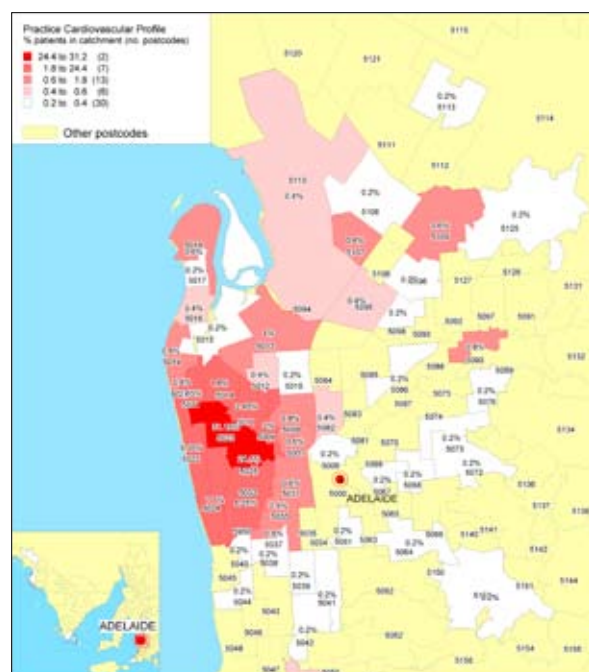
## Epidemiology and mapping

The practice's clinical data is collated and synthesized with Census data, which is presented to the practice in graphical and tabular format.

The practice can see the postcodes in which their patient population resides, how that compares with market share (i.e. the total number of people residing in those postcodes), what the socio-economic status of their patient population is (this has implications for billing and services delivered) and a raft of other information.

This component of the PHA also maps the concentration of patients with various chronic diseases (e.g. the percentage of patients with chronic diseases by postcode).

Practices find this view of their populations very interesting and useful. For many it matches their



An example of a Population Health Atlas map

perception of the practice population. Often it can enlighten them. In most cases, it is the first time that the practice has viewed its population in such a way.

## Business and clinical modelling

Following on from the epidemiology and mapping information, the business and clinical modelling component takes into account the chronic disease figures and other key information such as the number of patients aged between 45 and 49 years.

Then business modelling is carried out in consultation with the practice. The PHA presents business scenarios such as applying the Chronic Disease Management (CDM) care planning and Service Incentive Payment (SIP) item numbers to an agreed percentage of patients with the chronic diseases. This provides a clear business case to use chronic disease item numbers to improve the care of these patients.

## Training and roll out

The PHA training for divisions aims to give participants the skills to start creating PHAs.

Training runs over four days. It begins with two days' official MapInfo training in the use of the product. Then the Adelaide Western General Practice Network delivers two days' follow up training focused on producing PHAs. In this session, participants create a PHA for one of the general practices in their division.

In addition to the background data required to complete the PHA (e.g. the Census data), divisions also receive all the documents and files used for PHA consulting. This includes a practice questionnaire, marketing material, privacy statements and so on. Divisions can adapt these resources to their needs. Also included are a set of the spatial boundaries to enable them to produce not only the maps for the PHA but of other information as well.

The spatial boundaries provided to the training participants are the Australian Bureau of Statistics Postcodes. This allows any other data at the postcode level (e.g. immunisation coverage) can be mapped.

Once participants have finished their training, they can then log onto the Healthatlas.org.au website and download other spatial files such as rivers, road, towns and city locations. This allows the participants to customise their maps and to add some more topographical context to them.

After training, divisions have skills to use MapInfo, work with the GP Clinical software and put together PHAs. Most importantly, they also have improved data analysis skills. This is something the Adelaide Western General Practice Network actively promotes. In other words, once a division has done a PHA for a practice, the division is encouraged to consider what it means to the practice, and what solutions/options the division can suggest.



*PHA training for Melbourne Divisions of General Practice*

A typical PHA can now take half a day, excluding the time spent consulting with the practice both before and after. The Adelaide Western General Practice Network is testing automation which will reduce that time further.

For further information please contact Julian Flint at the Adelaide Western General Practice Network on (08) 8244 3822 or email [julian.flint@awgpn.org.au](mailto:julian.flint@awgpn.org.au)

# Townsville Division initiative delivers IT support to general practices

“CIMS provides the infrastructure necessary to underpin the smarter delivery of health services.”

As part of its support to the local primary health care providers the Townsville Division of General Practice (TDGP) has successfully established a business unit to provide fee-for-service information communications technology (ICT) support.

Through this business unit, TDGP has built up a greater understanding of the needs of primary health providers and how best to incorporate ICT into their businesses for better outcomes.

TDGP identified a need to provide cost effective solutions to take primary health care into the future. In response, it built the Collaborative Information Management System (CIMS), an innovative Managed Private Network (MPN). The initiative has been supported by funding from the Australian Government Managed Health Network Grant (MHNG).

CIMS is an enterprise grade communication framework and information management solution, using broadband technologies to deliver services for health service providers who want to work in a sustainable, secure and integrated electronic environment.

## Broad ranging benefits

The benefits of the CIMS are broad ranging and include:

- Direct benefits to general practice through substantially higher levels of ICT service support and security designed to meet the specific needs of eHealth within general practice
- network design and monitoring means interruptions to services are minimal and this enhances business continuity.
- The ability to host specifically tailored applications centrally, through the CIMS framework making them available to all in the network, providing value for money
- this economy of scale provides GPs with the opportunity to better manage their practice population's health data.
- Indirectly, accelerating the change processes required to move general practice from episodic care to population health care models of service delivery, by providing access to the resources and technologies required to make this transition
- like learning to ride a bike in the backyard rather than in a busy street, CIMS provides the protected environment required to increase confidence levels necessary to engender change.
- Hosting the applications required to enable secure exchange of patient information
- CIMS also has the capacity to host other eHealth applications as they are developed for health service providers within the network.
- CIMS provides the foundation for the development of a communications model between its subscribers and Queensland Health, and potentially any other major health service provider organisations.
- CIMS provides the infrastructure necessary to underpin the smarter delivery of health services.



*CIMS: The infrastructure*

The initial scope of the CIMS project under the MHNG was to have the network available to North Queensland including regional, rural and remote areas. However, CIMS is scalable and will now be made available to all health service providers within the Queensland Divisions of General Practice Network wishing to take advantage of this enterprise grade infrastructure. Access to CIMS will be through health service providers' local Division of General Practice.



*Installation of Dark Fibre*

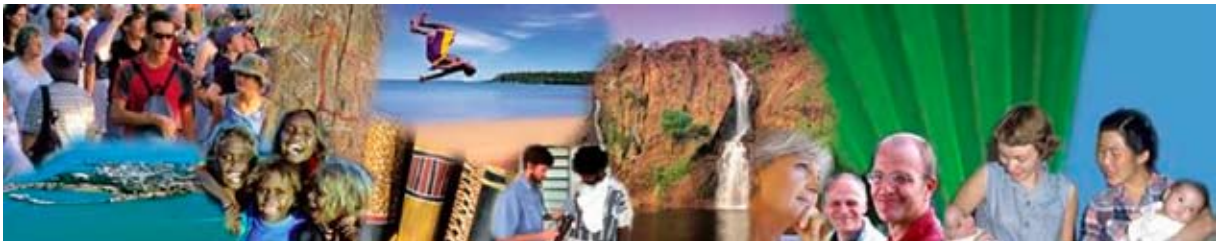
Planned collaboration across other Queensland-based MHNG projects will result in a state-wide solution that gives long-term sustainability to CIMS.

Further work with the Queensland Divisions Network to develop applications and resources will add value to the infrastructure and at the same time open opportunities to further support the delivery of health services that result in better health outcomes for the community.

## Employment growth and career pathways

An indirect benefit achieved through building CIMS has been the establishment of a career pathway for IT professionals within the primary care sector. TDGP currently has five full-time IT professionals and one IT trainee. As well as the emergence of new employment opportunities for IT professionals there is now also a pathway for the Health Informatics Industry within the primary care sector.

# eHealth initiatives supporting and strengthening general practice across the vast Top End



“The secure systems are proving their worth across the Northern Territory and beyond.”

The Top End Division of General Practice identified the need to develop the capabilities of eHealth initiatives to support and strengthen general practice—saving time and money as well as improving the quality and safety of care provided to patients.

As a result, the division has successfully introduced systems for digital signing and dispensing of pharmacy prescriptions and for electronic transfers of patient information. The secure systems are proving their worth across the Northern Territory and beyond.

Established in November 1994, the Top End Division of General Practice covers a vast area of 509,900 square kilometres. This includes the urban and rural areas of Darwin and Katherine as well as remote areas such as Wadeye, Timber Creek, Melville Island, Groote Eylandt, Borroloola, East Arnhem Land, Jabiru, Oenpelli and Nhulunbuy. More than 50 per cent of the Top End Division of General Practice members are located in rural and remote areas, many of which are inaccessible during the tropical wet season.

Two eHealth initiatives, the Point to Point (P2P) service and the Electronic Transfer of Prescriptions (ETP) projects, have been trialled successfully and are now being more widely implemented.

## Secure communication

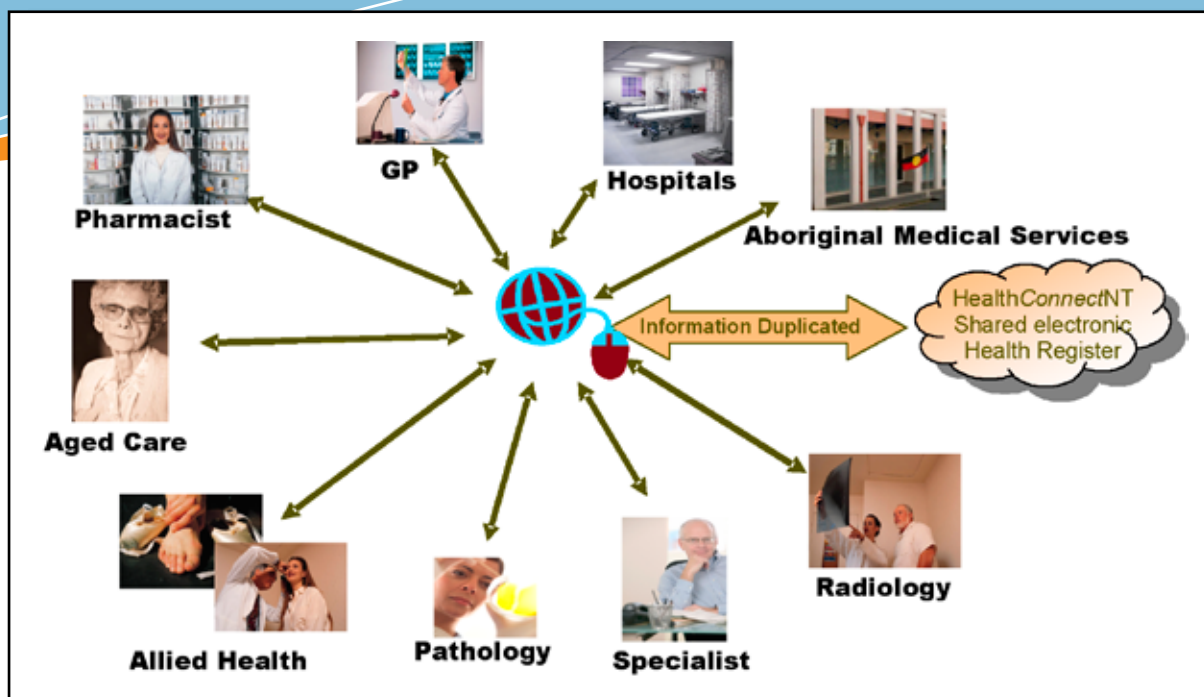
P2P provides an easy, fast and secure way of communicating with health providers and hospitals on the P2P network, providing encryption and proof of delivery.

Integration with clinical software packages enables referrals, pathology and radiology results, discharge summaries and notifications to be directly imported into the health provider's patient notes on their clinical software package.

Since commencing in 2005 the P2P project has made significant progress towards its aim of having all health providers in the Northern Territory communicating in a secure encrypted electronic environment.

There has been significant expansion of the P2P network to Central Australian sites, in conjunction with the Central Australia Division of Primary Health Care.

Testing is currently being completed to integrate Non-Government Aboriginal Health Service sites that use Communicare and to include all Northern Territory Public Hospitals into the P2P Service. P2P users in the Northern Territory can now receive electronic referrals, notifications and discharge summaries from the territory's public hospitals. GPs, specialists and allied health providers can also send electronic referrals directly to the appropriate hospital department. The



P2P service continues to grow in both numbers of participants and types of messages being sent.

In addition, the health service providers for Indigenous communities across the border in South Australia and Western Australia have been invited to join P2P. The Top End Division of General Practice is also working with the South Australian Government on a proposed project to connect all of that state's hospitals to the P2P network.

## Digital dispensing

The ETP project integrates models of care by linking GPs' clinical information systems to pharmacy dispensing systems. ETP is unique to the Northern Territory and last year was the first of its kind anywhere in Australia to implement the digital signing and dispensing of electronically-created prescriptions.

A Residential Aged Care Facility (RACF) was selected for the first ETP trial. The aim was to improve primary care patient outcomes, particularly for the chronically ill and the aged on multiple medications, and to improve the quality and safety of care for all RACF patients.

The first digitally-signed and encrypted prescriptions and medication charts were sent directly from GPs' laptops (using clinical information software package and a broadband Internet connection) to the RACF and the pharmacy to dispense prescriptions in December 2006. They have been running successfully since.

Phase 2 will soon introduce ETP into the broader community-prescribing sector. This will provide patients with freedom of choice when it comes to selecting the pharmacy they wish to use.

Software vendors Genie and Minfos will develop their software to accommodate ETP processing. The ETP solution will be fully integrated into Genie's practice management software and Minfos' pharmacy dispensing software.

A central prescription server will be developed for storing digitally signed and encrypted prescriptions until the patient presents at their choice of pharmacy to have the prescription filled.

It is hoped future development will enable ETP to eventually include all pharmacies and GPs within the Northern Territory, and provide a successful model for a national implementation.

# South Australian online backup service proves popular

**“The service is helping general practices address the security of one of their most valuable assets: clinical and financial data.”**



Following a successful trial, the Adelaide Central and Eastern Division of General Practice (ACE) is offering a low-cost online backup

service to general practices.

“The service is helping general practices address the security of one of their most valuable assets: clinical and financial data,” said Colin Standing, ACE Division’s IT Systems and Informatics Program Manager.

A recent survey by the South Australian Divisions of General Practice Inc (SADI) found that from a sample 165 practices, 16 per cent responded that they had no offsite backups and only 14 per cent responded that they conducted backups on a daily basis.

To help address this, the ACE Division trialled an online backup service over an 18 month period. ACE Online Backup provided nightly, offsite encrypted backup to 11 practices in the division.

“Now that the trial has proven successful the ACE Division has taken the next step and now offers a pay-for-use backup service,” said Mr Standing.

“Although ACE cannot give a 100 per cent guarantee that there will be no risk of data loss, practices need to compare their current risk to a professionally managed service with encrypted backups, stored in a multimillion dollar data centre,” Mr Standing said.

To help the service run on a sustainable and reliable basis, ACE Division realised it was important that practices covered some of the costs. The cost for the yearly transfer amount of 25GB of data is \$500 per annum (only large scanning practices in the trial exceeded this amount).

“The costing is based only on the bandwidth costs. All labour, hosting and capital costs are covered by the ACE Division as a service to our members.” said Mr Standing.

“As well as helping to secure practices’ valuable data assets, the service assists our members to meet Practice Incentive Program (PIP) IT requirements and Australian General Practice Accreditation Ltd (AGPAL) requirements in the area of data security.

“More importantly the service takes the headache and hassle out of managing backups. For the practices who have taken up the service, ACE can truly say that the division is providing practice support in a practical way each day.”

The ACE Online Backup service includes:

1. Nightly offsite backups of a practice’s data to the ACE Division’s backup server located at the Internode data centre.
2. A 25GB transfer amount per annum. Only large scanning practices in the trial exceeded 25GB per annum.
3. Complete snapshots of their data (i.e. last six days, four weeks and 12 months). This provides a last known good record, in case of data corruption.
4. Monitoring by the Division on a daily basis via email confirmations.

5. Unlimited restores. The Division cannot conduct test restores on a practice's behalf as it doesn't hold the decryption key for privacy reasons. The practice is trained on how to do the test restores in-house. It is as simple as a click of the mouse.

Mr Standing said that the ACE Online Backup has been designed to be expandable and it has the potential to be offered much more widely in the future.

“Our practices were struggling with problematic and often failing tape backups and we were scheduled for a PIP IM/IT audit. Now with the ACE Online Backup Service data backup is easy and both practices are reliably backing up off-site each night and we are getting a confirmation every morning. The additional peace of mind knowing that the division is also monitoring our backup is well worth the small annual fee. We have used this ‘off-site backup’ for four months now and we are delighted with the support and the service we have received from the Division”

*M Quigley Practice Manager – Norwood Family Practice*

## The Internode Data Centre



The Internode Data Centre provides unparalleled Disaster Recovery services, Internet Server Co-location services and Corporate Web hosting solutions.

The facility has been designed, engineered and built for reliability and scalability and is secured against a variety of environmental challenges.

<http://www.internode.on.net>

# Well organised data pays off for patients and general practice staff

“This information guides the planning of practice activities (both business and clinical)”

Software originally developed by Western Australia's Canning Division to support data collection for the National Primary Care Collaborative (NPCC) is delivering widespread benefits.

A key aspect of the NPCC program is regular extraction of data from patient records. This provides improvement measures for the program's three areas: coronary heart disease, diabetes and patient access to primary care services.

Through this work, the NPCC has highlighted the true value of well-maintained electronic records—that is, along with the expected improvements in the delivery of care to patients with chronic conditions, many NPCC participants realised that through careful use of the information contained in their electronic patient record systems, the financial return to the practice could be improved and workload-related stress levels could be reduced.

Canning Division has continued to develop the capabilities of the data extraction software. In a measure of its success, the division's extraction software has so far been installed at 25 per cent of all

Canning Division practices and purchased by 43 other divisions of general practice across Australia for use with their own doctors.

The new software (known simply as “The Canning Tool”) collates CHD, Diabetes, Asthma and Cervical Screening data on patients and presents it as both *statistics* and *lists* of patients (e.g. the percentage of diabetics with HbA1c  $\leq 7$  and a list of all known diabetics including

**Diabetes Measures**

Measures as at: 6/5/2006

	Results to 6/5/2006		Results to Date Above	
	TOTAL	PERCENT	TOTAL	PERCENT
Total Patients on Diabetes Register	38	100%		
Patients with Diabetes with a last recorded HbA1c of $\leq 7.0\%$ within the last 12 months	9	24%		
Patients with Diabetes with a last measured total cholesterol of $< 4$ mmol/L in last 12 months	13	34%		
Patients with Diabetes with a last recorded BP reading of $\leq 130/90$ mm Hg within last 12 months	12	32%		
Patients that have had Diabetes SIP in last 12 months (This field is not populated automatically - enter manually)				

**Latest Diabetes Data**

Date as at: 6/5/2006

Total Patients on Diabetes Register: 38  
 Measures Not Recorded: 11  
 Patients with Invalid Data: 2

Patient	Diag Date	Last Diabetes Diagnosis	HbA1c	Date	Chol	Date	BP	Date
Wraatz, Sabina	29/03/2005	Diabetes	8.0	7/04/2006	3.2	7/4/2006	129/75	7/04/2006
James, Jane	23/06/2005	Diabetes	7	22/04/2005	3.9	22/4/2005	125/70	22/06/2005
Manning, Wilhelm	30/03/2006	Diabetes					129/70	30/03/2006
Howard, Yvan	30/03/2005	Diabetes	6.8	30/03/2006	3.9	30/3/2006	123/75	30/03/2006
Howard, Horace	30/03/2005	Diabetes - Controlled	8.5	7/04/2006	5.0	7/4/2006	140/110	7/04/2006
James, Jessica	19/04/2005	Diabetes - Controlled	5.5	30/03/2006	2.8	30/3/2006	118/70	30/03/2006
Ugla, Ulla	04/07/2005	Diabetes - Controlled			3.8	4/7/2005		
Campbell, Colleen	18/07/2005	Diabetes - Unstable	10.3	18/07/2005	5.3	18/7/2005		
Holliday, Heidi	30/03/2005	Diabetes - Unstable	8.9	7/04/2006	3.6	7/4/2006	135/95	7/04/2006
Jenkins, Jerry	16/05/2005	Diabetes - Unstable						
Yaman, Yvonne	04/07/2005	Diabetes - Unstable	10.0	4/07/2005			129/81	4/07/2005
Manning, Victoria	30/03/2006	Diabetes - Unstable	4.8	28/02/2006	2.5	28/2/2006	118/60	28/02/2006
Minoque, Joan	Invalid Date	Diabetes Mellitus	9.7	7/04/2006				
Mabo, Michael	04/07/2005	Diabetes Mellitus	6.4	4/07/2005	3.3	4/7/2005	116/75	4/07/2005
Falkner, Fanny	04/07/2005	Diabetes Mellitus - IDDM	7.1	4/07/2005				
Minoque, Reginald	23/04/2005	Diabetes Mellitus - IDDM						

For practices concerned about the affordability of hiring another nurse or the viability of diverting a staff member to full time patient screening work, this information can be very reassuring.

Another function of the software is the optional supply of National Performance Indicator (NPI) statistics to the local division. These figures form part of the reporting requirements in the chronic disease section of the NPI report. In this, divisions are asked to provide statistics

their HbA1c, Cholesterol and BP values). These figures can be accessed at the touch of a button. This information guides the planning of practice activities, both business and clinical. It also assists in establishing disease registers, recall lists and prioritising data cleaning activities.

One of the features of the new data extraction software is the Income Estimator. This is designed to provide a “best case” guide to the level of remuneration the practice could be receiving for delivering care to diabetic, asthmatic, cervical smears and ATSI patients.

The software counts the number of active patients at the practice and, based on certain criteria, estimates the value of the various incentive payments available to general practice for the treatment of these patients.

All assumptions made by the software (such as the prevalence of diabetes, the percentage of patients eligible for a particular Medicare Benefits Schedule Item number, and the value of incentive payments) are variable to suit particular circumstances or individual GP preferences.

about the patient population of their member practices in the areas of diabetes and asthma. The software includes a data aggregator installed at the division, which enables the data from all practices who choose to participate to be totalled without any calculations needing to be performed at the division. The resulting aggregated table can then be included in the report to the Commonwealth.

The software currently works with Medical Director 2 and 3, MedTech32, Best Practice and Medical Spectrum Classic.

The software will be adapted for use with other Medical Software and, depending on availability of funding, could be useful in other ways, such as setting up registers of patients for 75 and over Health Assessments.

# Electronic health records facilitate better health care in Brisbane's north

**“Delivering a secure, scalable, interoperable platform for building a shared eHealth record network.”**

GPpartners Limited is offering GPs in Brisbane's north a key support tool to improve the management of patients with complex medical conditions.

The division's Health Record eXchange (HRX) is a shared electronic health summary and document exchange system. It can be used by GPs, hospital staff and other health care services to share essential patient health information. The HRX also helps reduce errors and avoid duplication of tests, paperwork and services.

The technology delivers a secure, scalable, interoperable platform for building a shared electronic health record network.

Rather than replacing existing systems, the HRX provides the link, or interoperable interface, for sharing information between health care sectors.



General practices are currently using the HRX as an integral part of the Chronic Disease projects, which are funded by the Australian Government Department of Veterans Affairs (DVA), Queensland Health and Medibank Private.

GPs using the system have given positive feedback.

Dr Eric Van der list of Brendale said:

**“The system is easy to use, and it works with our existing security certificate which allows us to share up-to-date patient information with other health care providers.”**

The HRX is also operational in two major Brisbane hospitals, and being installed in three more. Allied health services, such as rehabilitation and physiotherapy, are also connected.

**“Sharing patient information between the hospital clinicians, GPs and community care providers is essential to enhancing care in the community,”**

said Dr John Fraser, ICU Consultant at the Prince Charles Hospital.

His comments are echoed by Dr Luis Prado, Director of Medical Services, at Wesley Hospital, UnitingCare:

**“At the Wesley we believe that information needs to flow between the various parts of the health system. It makes sense to do this electronically. We are working with GPpartners for continued access.”**



Patients involved in the DVA project have also been very positive. Mrs Mary Sweeney said:

“I’m really pleased my husband’s health information is accessible by the hospital. My husband takes different medications. It is reassuring for our family to know that it would be available during an emergency.”

With the HRX now playing a supporting role in patient coordinated care programs currently offered, GPpartners registering over 1,000 patients to the HRX via their GPs.

GPpartners developed the electronic record system to improve the coordination of health care and services required by patients, with chronic and complex medical conditions, who were enrolled in its coordinated care projects.

It was not efficient to use paper-based systems to move essential patient information (such as diagnoses, allergies and current treatment plans) between the GP and other health services involved in the patient’s care.

The tool was developed over several years, with the HRX application supplied by Extensia Solutions. The application uses open electronic health record standards, aligned with National E-Health Transition Authority (NeTHA) standards.

Ms Helen Brummell, GPpartners Team Care Coordinator said:

“I’ve been nursing in the community for over 30 years and I never thought I’d see the day I’d be using a computer. The HRX is a wonderful tool to access patient information anytime, anywhere.”

The success of this tool could eventually lead to the development of a national electronic health record system.

## Health Record eXchange to grow

GPpartners was recently awarded \$990,000 under the Australian Government’s Managed Health Network grants. The funding is to further develop the technology underpinning the Health Record eXchange (HRX) system and to expand its reach in general practices, hospitals and health care services.

# Get-Interconnected IT Security Audit

**WHITEHORSE DIVISION  
OF GENERAL PRACTICE**



“With half of the division’s practices now registered for secure electronic communication, they are in a better position to take the next step toward integrated communication technology.”

Whitehorse Division of General Practice has developed a tailored IT security audit to help general practices build capacity in information management/information technology (IMIT) security, computerise recall/reminder systems and effectively use an IMIT policy and procedure manual.

Nineteen practices have so far volunteered for the Get-Interconnected IT Security Audit, which is conducted by an IT Consultant and Practice Management Coordinator, through General Practice Support Service (GPSS Vic), a subsidiary company of Whitehorse Division.

As a result of the audits, those practices are now meeting General Practice Computing Group (GPCG) security guidelines and Royal Australian College of General Practitioners 3rd Ed Standards. They are well prepared for meeting accreditation and Practice Incentive Payment requirements.

With half of the division’s practices now registered for secure electronic communication, they are in a better position to take the next step toward integrated communication technology.

Dr Peter Meyer from Box Hill commented,

“Thanks for arranging the Get Interconnected Audit which has been very helpful in streamlining our computer systems. Backups have been simplified to a one-click operation, new improved anti spyware and uninterrupted power supply has been installed, and a Disaster Recovery Plan has been started. Your expert assistance has saved us many frustrating hours of trying to set these up by ourselves to meet the accreditation requirements”.

The initiative was developed when the division identified that while general practice is becoming increasingly reliant on computers, threats to valuable data were increasing. For example, one in five respondents to the *2006 Australian Computer Crime and Security Survey*, experienced electronic attack over the past year, with the average financial loss of \$241,150 per organisation—a 65 per cent increase from 2005.

Until recently computers were not addressed as part of the Royal Australian College of General Practitioners (RACGP) Accreditation Standards.

There has been significant Australian Government effort to increase IT security in general practice (for example, the IMIT Practice Incentive Payment, Broadband for Health security awareness and conformance report, and General Practice Computing Group guidelines and resources). However, many practices either do not have the time or skill to implement the standards, or incorrectly believe that they are complying.



*Whitehorse Division IT security audit*

Practices can also be apprehensive about accessing IT services or confused about technical aspects of guidelines and how to implement an IT policy/disaster plan. The Whitehorse Division often receives urgent calls from practices that do not have a policy or disaster recovery plan, and are caught out when their 'IT Guru' is on holidays.

The Get-Interconnected IT security audit is performed within the general practice. The anticipated outcome is that GPs and staff will embrace future developments in connectivity.

As part of their audit, practices receive:

- a 1.5 hour consultation focusing on the GPCG guidelines, RACGP 3rd Edition Standards and electronic recall/reminder systems
- an action plan and \$300 to spend on hardware/software installation or GP/staff training, according to identified areas of need
- a comprehensive policy and procedure manual, provided on CD, with space to insert practice-specific information. Practices are advised of the

importance of establishing an IMIT coordinator role and communicating the IT policies and procedures within the practice.

## Identifying problems and risks

The action plans have identified that some practices are at risk of privacy breaches and lost/corrupt data. Common problems include ineffective antivirus/malware, poor back-up systems and lack of uninterruptible power supplies and firewalls. Staff training, designated IT coordinator, recall/reminder systems, disaster management plans and IT maintenance are also often absent.

Access to the practice's IT systems is crucial to identifying security issues while enabling GPs and practice staff to receive hands-on support and advice.

The IT security audit is assisting practices manage their most important asset – data.

# eHealth connectivity and aged care

## “Benefits to participants outweigh implementation costs”

An Adelaide-based project has identified the process changes needed to successfully implement clinical information systems in an aged care environment.

The E-Connectivity Proof of Concept Project has been a collaborative initiative between the Adelaide Western General Practice Network and The Society of Saint Hilarion Nursing Homes. The project was funded by the Australian Government Department of Health and Ageing, through HealthConnect SA.

The purpose of the project was to assess the issues and change management processes involved in implementing a clinical information system in an aged care facility. The trial has been running since June of 2006.



*Saint Hilarion's main site at Findon*

The E-Connectivity Project has proved highly successful, even in this short period of time.

There are the advantages of online medical resources, downloaded pathology results, adverse drug assistance

and electronic progress notes. The facilities now have legible medication charts, more timely responses from GPs and potentially reduced resident medication errors. In this implementation, the benefits to participants outweigh the costs of the implementation.

The motivation for the project was to fill a knowledge gap. A lot of work had been done to evaluate the clinical *outcomes* of implementing IT in an aged care environment, and the benefits are now widely documented. However, little had been done to evaluate the *impact of process changes* involved with implementing the systems.

The implementation of electronic prescribing and clinical records in aged care is still very much in its infancy, and a large number of facilities are still using paper-based clinical records. Along with this low level of uptake, there are widely varying levels of IT literacy among potential users of these systems. This creates an environment that must undergo major process change to implement clinical information systems.

The Society of Saint Hilarion is a three-site aged care organisation based in Adelaide. The project involved the installation of a “Medical Director 3” server at the main Saint Hilarion site, along with computer terminals, scanners and printers at the other two sites. Infrastructure was set up to provide site-to-site connectivity and remote access to the facility records by health providers.

Medical Director enables electronic prescribing, medication charts, pathology downloads and recording of progress notes. The key difference with this implementation was that the Medical Director Database and resident notes remained at the facility rather than the GP practice. This enabled access to resident information by all health providers including allied health and locum services. Specifically, this provided the same access to resident information that is currently available,

but in electronic form as opposed to only paper-based records.

In addition, remote access was provided to allow the viewing and updating of resident records along with remote printing of scripts and charts. With the main resident record being held at the facility, remote access was seen as essential to allow health providers 24 hour access to the records if needed.

As well as the IT equipment and infrastructure, dedicated GP treatment/consulting rooms were constructed at each site by Saint Hilarion. These dedicated areas provide GPs with a work space to see residents and access the Medical Director Terminals.



*Dedicated GP consulting room with Medical Director Terminal at the Fulham site*

## Implementation and change management barriers

A range of implementation barriers were identified and documented throughout the implementation. The organisational change management processes were by far the most significant barrier to implementing clinical IT.

*Key implementation* issues included:

- aged care facility expectations and requirements
- cost of IT infrastructure setup and support
- training (initial and ongoing)
- dedicated area/treatment room for GPs to work
- choice of clinical software (cost, suitability, interoperability)
- GP uptake
- remote access (security, signing).

*Key change management barriers* included:

- facility reluctance to invest finances and resources
- lack of organisational infrastructure and facilities
- no leadership or key driver
- resistance by staff
- time constraints by participants
- lack of skills or knowledge by participants
- waning commitment and sustainability.

While there are real challenges to the continued implementation of clinical IT in aged care, the future benefits are worth the effort. With Australia's rapidly ageing population and stretched GP resources, IT will become an essential tool to create efficiencies that assist with the care of the elderly.

# Information communications technology in aged care

## Enhanced information communications technology in Residential Aged Care Facilities (RACFs) in Geraldton, Western Australia, is improving doctors' access to information and, as a result, the quality of patient care.

In response to an identified need for improved medical records in RACFs, the Midwest GP Network, with funding through the Aged Care GP Panels Initiatives, has provided printers and broadband access for RACFs in Geraldton. This is allowing doctors to take their laptops to the facility, and plug into the local printer and Internet via Ethernet cable.

The aims of this project are to:

- improve the quality and accuracy of the medical records at the RACFs
- maintain the accuracy and legibility of medication charts, improving patient safety from medication errors
- facilitate communication between doctors, nursing staff and pharmacists to maintain high standards of resident care
- allow access to RACF patient records from practice rooms, at hospital and remotely after hours by on-call doctors.

Using remote desktop, the visiting GPs can access their servers and "live" information from patient files is available.

Each patient's record is updated as normal, with prescriptions, pathology, referral letters, radiology, summaries and medication charts printed as needed. At the end of the consult a hard copy of the visit is printed for the RACF's record.

## Benefits for doctors

Accurate electronic medical records for nursing home/ hostel patients can now be maintained and viewed as needed when doctors are away from the facility, whether it is from the office, home or hospital. This is expected to lead to an improvement in patient care.

Better continuity of care is possible, with the same record available when patients are seen in rooms or at hospital. Doctors are able to look up latest test results and reports "live" while onsite at the RACF. It is also possible for doctors to look up files from their home computers when contacted after hours.

## Benefits for RACFs

Accurate medical records are possible with legible progress notes, summaries, reports and medication charts, which facilitate accreditation.

Printed hard copy notes provide the advantages of an electronic record with the user friendliness and familiarity of paper-based patient notes, without the RACFs having the expense and hassle of purchasing and maintaining hardware and software and training staff in its use.

Clearly, the project is well on the way to meeting its aims.



A proud member of

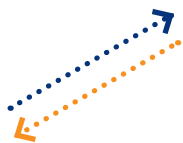


## AGED CARE GP PANELS INITIATIVE

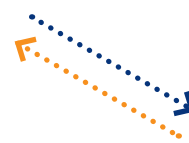
INFORMATION COMMUNICATIONS TECHNOLOGY (ICT) at RACFs

The Midwest GP Network provided the installation of broadband internet connections at each Geraldton RACF. This allows Panel GPs to:

- log onto the Internet
- access residents' files at their home practice
- view pathology and other reports which can then be printed and updated as required
- complete the resident's notes on-site—'a one stop shop'.



**INTERNET**  
via Broadband Connection



**RESIDENTIAL AGED  
CARE FACILITY**

## GP HOME PRACTICE

GP CLINICAL SYSTEM  
e.g. Medical Director, MedTech32

Access patient records for:

- medications
- pathology and other results
- letters
- medical history.

# Unlocking IT knowledge in Western Australia



GP Coastal IM/IT Team – Jared (left) and Derek (right)

“GP Coastal IT Services provide high level infrastructure and solutions support tailored to the specialised needs of the health sector.”

Over the 15 years since general practice divisions were established, they have individually and collectively amassed a great deal of knowledge and skills. Often, however, much of this knowledge remains untapped.

GP Coastal in Western Australia adopted a policy of using this knowledge to benefit the division—by introducing IT-related services that local GPs had been paying for. More than 60 clients, mostly local GP practices, now use *GP Coastal IT Services*.

*GP Coastal IT Services* provides high level infrastructure and solutions support tailored to the specialised needs of the health sector.

Rather than making the division’s information management/information technology staff redundant when previous funding ended, GP Coastal conducted a needs assessment and developed the service. It grew in response to increasing demand and the need to offer a sustainable service that didn’t rely on external funding sources.

The initial focus was on software installation, networking, training for GPs and practice staff, hardware and software product selection, backup and disaster recovery, and security.

By developing relationships with local hardware suppliers, *GP Coastal IT Services* was also able to offer full hardware solutions to practices. This ensured that

practices purchasing hardware through *GP Coastal IT Services* received reliable equipment that met their current and ongoing needs.

*GP Coastal IT Services* has proven extremely popular with division members, as GP Coastal has been able to successfully balance the free services provided to members with the commercial services.

Dr Peter Tallentire, a GP Coastal GP member, uses *GP Coastal IT Services* regularly. He said, “*the staff are approachable and extremely helpful. As a late starter to IT I was impressed by the fact that they were able to breakdown IT concepts into terms that not only myself but my staff could understand.*”

“*The difference it has made to my business is that working with my computer has become enjoyable and as a result my usage is now more efficient. Their sensitivity to the needs of general practice has ensured that I have received a high standard of service and expertise every time.*”

Originally only available to GPs within the division, the service has expanded to GPs and other medical professionals both within and outside division boundaries.

Recently, *GP Coastal IT Services* has also been able to offer its expertise to other divisions in surrounding rural areas that do not employ specific information management/information technology program staff.

In this way, *GP Coastal IT Services* is adding value, helping to unlock the IT knowledge for health professionals in the Perth metropolitan area and its surrounds.

# A review of the literature on eHealth

Brenton Chappell B. Bus MBA, Executive Officer, Adelaide Hills Division of General Practice Inc.

## A medical portal is the next logical step

(*BMJ Vol. 331 December 2005*)

The above article appeared in the BMJ not that long ago, and, I suspect to generate debate in the medical profession. So when I offered to write a literature review on eHealth, the offer was made in a naïve way hoping to contribute to the dialogue that has been circulating around the network for some time. My research for my Doctoral studies in knowledge management (based on general practice) allowed me to search far and wide to provide a hopefully meaningful review. I therefore make this disclaimer before I am assaulted by academics and other professionals. The evidence is inconclusive and more research in this area needs to be undertaken. Isn't that what most research papers say in the final sentence? Just thought I'd get it out of the way early.

In conducting this literature review it became very apparent, very quickly, how fragmented the literature is on knowledge management (KM) and then KM in general practice, and eHealth... well, just don't go there as it's far too broad.

It seems that even the concept of KM is subject to a multitude of interpretations. For my part I have adopted the following:

**Knowledge management can be defined as a range of practices to identify, create, represent and distribute knowledge for reuse, awareness and learning.**

It is further broken down into explicit and tacit knowledge.

- Explicit knowledge can be defined as knowledge that can be articulated, codified, and stored in certain media. It is readily transmitted to others.
- Tacit knowledge can be defined as knowledge people carry around in their minds. People are

often not aware of its value, and it often consists of habits and culture not recognised.

This is my base of KM and how I apply it to eHealth.

What we can do in this paper is summarise some of the thinking around eHealth and what significance it plays (or can play) in the future of our citizens' health into the 21<sup>st</sup> century.

The areas I have chosen are:

- Knowledge Management
- Clinical Decision Intelligence
- Organisational Learning
- Electronic Health Record (EHR)
- Information Communications Technology (ICT) demands on health information management.

Those of us in the network who are medical graduates (I'm not) may well see eHealth as a systematic way to convert manual systems into an electronic format that brings with it systems sophistication to make our lives easier.

If you are one of these you may well have an interest in CDI, i.e. clinical decision intelligence. CDI is acknowledged by Wang et al (2007) as *"an emerging area in health care, covering a broad range of subjects, from clinical data integration and data analysis to knowledge management and application development"*. This is seen to improve health care through the *"discovery, management and application of clinical intelligence from heterogeneous and rapidly expanding data sources"* (p. 151). Wang and associates provide a good review of the architecture that is used to support the CDI process, taking it through three stages:

1. Knowledge discovery and acquisition
2. Knowledge management
3. Decision support.

This work is necessarily technical, and given it appears in *IBM Systems Journal*, this is no surprise. Notwithstanding, it is readable and a noteworthy piece for understanding where technology wants to take health care.

One clear statement made in the opening text is the acknowledgement of information technology (IT) as an essential element in improving health care. It does not see IT as the centre of the universe, but as part of a transformation which includes other parts such as:

- the implementation of electronic health records
- the secure exchange of medical information
- evidence based decision making that integrates the best available external clinical evidence from systematic research with individual clinical expertise, thus aiding the delivery of logical and consistent medical care from clinician to clinician and from hospital to hospital
- alignment of payment policy with quality improvements, which provides financial incentives for practitioners to follow quality improvement guidelines and demonstrate improved performance (pp.151–152).

If IT is seen as a positive way forward, as alluded to by Wang et al, then organisational learning and how it is brought about deserves mention. Nutley and Davies (2001) dealt with this issue in the National Health Service (UK) NHS in their works about developing organisational learning. This paper provides an interesting overview on a perceived need in the NHS for the development of organisational learning that will contribute to the “health” of the “new” NHS. Davies raises awareness of the need for the medical field to understand that KM is not just a system (electronic et al) but a cultural imperative that needs to make necessary changes to become a learning organisation. The need for collective learning

to spread from individual learning is clearly spelled out particularly in reference to Chris Argyris’s work on this topic. Of particular note in this paper is the suggestion that the NHS needs to move from adaptive (single loop) to generative (double loop) learning. Many of you would be familiar with the work of the National Primary Care Collaboratives (NPCC) which reflects this type of learning. The paper seeks to look into organisational learning, management of knowledge and the development of learning organisations and has relevant lessons that need to be observed.

The summary of Senge’s five disciplines for a learning organisation are useful (Peter Senge is well known for his work on the “Learning Organisation”):

1. improving individual capabilities
2. team learning
3. updating mental models
4. a cohesive vision
5. open systems thinking.

This paper summarises well, with a reality check on how much work the theory has to do to convince government structures to make real change in organisational learning.

de Gooijer (p. 304) makes a reasonable assumption that the sterile links of application of a knowledge management system assumes an awareness of what the system will deliver. This does not necessarily follow. Many hours will be lost on a knowledge management system that fails to deliver in an organisational sense because the “human” change needed to make a system work is the hardest of all changes to achieve. This works reflects the effort that is needed for real change to occur and be sustainable in general practice, and again has similarities with the NPCC.

Amatayakul and Hodges (2006) raise a number of questions that need significant research to be conducted to gain a clearer picture of health IT. In this case the authors are alluding to the additional costs associated with the introduction of an electronic health record (EHR). The importance of proper planning is noted in this paper, but is short on detail. The paper does make some good points about the need for the leadership of the change to EHRs to reside within the health organisation and not simply be consultants to the cause. This observation also notes that clinical leaders with an EHR passion are also critical to the EHR success. Perhaps the most useful aspect of this paper is the closing quote: *"The Return on Investment (ROI) for the EHR should be more than a financial one, but without preplanning and appropriate financing for the entire project, success will be questionable"* (p. 131).

Lee J et al (2005) provides a snapshot of the difficulties being experienced by small GP (Physician) practices in the USA. The experiences are similar to those being reported in Australia in 2007. In this sense the overview is useful. It reports on the cost associated with trying to maintain expensive ICT solutions in small practices whilst at the same time acknowledging that general practice (small) account for 88 per cent of outpatient visits (i.e. GP visits in Australia) in the USA. The paper focuses on the issue of office workflow and how it is affected by the ICT demands of health information management.

Key points made in this paper include:

- multiple small IT systems and how to standardise the information flow
- profile of population being serviced
- cost of systems upgrade and whose responsibility is it anyway?
- systems support and quality of such support
- systems implementation and change management process

- knowing what is needed
- dangers of not upgrading and litigation in the longer term.

Future visioning of the benefits of an effective eHealth system includes scalable support, community participation and health self management.

## Summary

It is therefore reasonable to assume that a structured well thought-out strategy is needed for eHealth to become a reality in Australia. I am not speaking of hardware and operating systems as they stand now, but of an integrated approach of the aforementioned areas that benefit both the general practitioners and the community members who ultimately fund the health system.

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# National Divisions of General Practice Network

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Adelaide Central and Eastern Division of General Practice	Mr	Nicholas	Prescott	Dr	Cathy	Sanders	08 82715455	SA	<a href="http://www.acedivision.com.au">http://www.acedivision.com.au</a>	5000, 5001, 5006, 5034, 5035, 5037, 2038, 5061, 5063, 5064, 5065, 5066, 5067, 5068, 5069, 5070, 5071, 5072, 5073, 5074, 5075, 5076, 5081, 5134, 5140
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Adelaide North East Division of General Practice	Mr	Chris	Bollen	Dr	Cate	Howell	08 8397 9000	SA	<a href="http://www.anedgpc.com.au">http://www.anedgpc.com.au</a>	5070, 5074, 5075, 5081, 5082, 5083, 5084, 5085, 5086, 5087, 5088, 5089, 5090, 5091, 5092, 5093, 5096, 5097, 5098, 5109, 5125, 5126, 5127, 5131, 5132, 5133, 5231
Adelaide Northern Division of General Practice	Mr	Chris	Seiboth	Dr	Richard	Heah	08 8252 9444	SA	<a href="http://www.andgpc.org.au">http://www.andgpc.org.au</a>	5084, 5095, 5096, 5106, 5107, 5108, 5109, 5110, 5111, 5112, 5113, 5114, 5115, 5116, 5117, 5118, 5120, 5121, 5350, 5351, 5371, 5501
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Border GP Division	Mr	Trevor	Cowell	Dr	William	Walton	02 6049 1900	VIC	<a href="http://www.bordergp.org.au">http://www.bordergp.org.au</a>	2640, 2641, 2642, 2643, 2644, 2645, 2646, 2659, 2660, 3689, 3690, 3691
Brisbane South Division of General Practice	Ms	Vicki	Poxon	Dr	Peter	Harvey	07 3274 1886	QLD	<a href="http://www.bsddgp.com.au">http://www.bsddgp.com.au</a>	4072, 4073, 4074, 4075, 4076, 4077, 4078, 4106, 4107, 4108, 4109, 4110, 4111, 4112, 4113, 4121, 4122, 4152
Canning Division of General Practice	Mr	Matthew	Tweedle	Dr	Ivor	Desouza	08 9458 0505	WA	<a href="http://www.canningdivision.com.au">http://www.canningdivision.com.au</a>	6100, 6101, 6102, 6103, 6104, 6105, 6106, 6107, 6108, 6109, 6110, 6111, 6112, 6122, 6125, 6147, 6151, 6152, 6155, 6201, 6203, 6205
Canterbury Division of General Practice	Ms	Georgina	Zyka-Purcell	Dr	Diana	O'Brien	02 9787 9033	NSW		2133, 2191, 2192, 2193, 2194, 2195, 2196, 2206, 2208, 2209
Capricornia Division of General Practice	Mr	Peter	Shanahan	Dr	Brad	Lorraway	07 4927 3182	QLD	<a href="http://www.cqdoc.com">http://www.cqdoc.com</a>	4680, 4695, 4697, 4699, 4700, 4701, 4702, 4703
Central Australian Division of Primary Health Care	Ms	Sue	Korner	Dr	Patrick	Mutundwa	08 8950 4800	NT	<a href="http://www.cadphc.org.au">http://www.cadphc.org.au</a>	0852, 0860, 0861, 0862, 0870, 0871, 0872
Central Bayside General Practice Association Limited	Ms	Kath	Ferry	Dr	Michael	Nolan	03 9553 2455	VIC	<a href="http://www.centralbayside.com.au">http://www.centralbayside.com.au</a>	3172, 3186, 3187, 3188, 3190, 3191, 3192, 3193, 3194, 3195, 3196
Central Coast Division of General Practice (NSW)	Mr	Paul	Wanwick	Dr	Phil	Godden	02 4365 2294	NSW	<a href="http://www.ccdgp.com.au">http://www.ccdgp.com.au</a>	, 2251, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263
Central Highlands Division of General Practice	Ms	Lynda	Vamvoukis	Dr	Allison	Bailey	03 5428 4848	VIC	<a href="http://www.chdgp.com.au">http://www.chdgp.com.au</a>	3335, 3337, 3338, 3340, 3427, 3428, 3429, 3430, 3431, 3432, 3433, 3434, 3435, 3437, 3438, 3440, 3441, 3442, 3444, 3446, 3447, 3448, 3450, 3451, 3458, 3460, 3461, 3521, 3522, 3656, 3659, 3660, 3661, 3662, 3663, 3664, 3665, 3753, 3756, 3758, 3762, 3764

Organisation Name	CEO Title	CEO First Name	CEO Last Name	Chair Title	Chair First Name	Chair Surname	Phone	State	URL	Postcodes
Central QLD Rural Division of General Practice	Mr	Warren	Middleton	Dr	Ross	Woodward	07 4992 5544	QLD		4630, 4702, 4705, 4707, 4709, 4714, 4715, 4716, 4717, 4718, 4719, 4720, 4721, 4722, 4744, 4745, 4746
Central Sydney Division of General Practice	Dr	Michael	Moore	Dr	Jeremy	Bunker	02 8752 4920		<a href="http://www.csdgp.com.au">http://www.csdgp.com.au</a>	2001, 2006, 2007, 2008, 2009, 2015, 2016, 2017, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2203, 2204
Central West Gippsland Division of General Practice	Ms	Kim	Wood	Dr	Mark	Rayner	03 5126 2899	VIC	<a href="http://www.cwgdgp.com.au">http://www.cwgdgp.com.au</a>	3816, 3818, 3820, 3821, 3822, 3823, 3824, 3825, 3831, 3833, 3835, 3838, 3840, 3842, 3844, 3847, 3854, 3856, 3869, 3873
Dandenong District Division of General Practice	Ms	Anne	Peek	Dr	Nick	Demediuk	03 9706 7311	VIC	<a href="http://www.dddgp.com.au">http://www.dddgp.com.au</a>	3164, 3173, 3174, 3175, 3177, 3802, 3803, 3805, 3806, 3912, 3975, 3976, 3977, 3980
Dubbo/Plains Division of General Practice	Dr	Jenny	Beange	Dr	Robin	Williams	02 6884 0197	NSW	<a href="http://www.dubboplainsdgp.com.au">http://www.dubboplainsdgp.com.au</a>	2357, 2395, 2396, 2820, 2821, 2823, 2824, 2825, 2827, 2828, 2829, 2830, 2831, 2842, 2843, 2844, 2850, 2852, 2869
East Gippsland Division of General Practice	Ms	Pauline	Bommer	Dr	David	Monash	03 5153 0383	VIC	<a href="http://www.egdgp.com.au">http://www.egdgp.com.au</a>	3847, 3850, 3851, 3852, 3857, 3858, 3859, 3860, 3862, 3864, 3865, 3866, 3875, 3878, 3880, 3882, 3883, 3885, 3886, 3887, 3888, 3889, 3890, 3891, 3892, 3893, 3895, 3896, 3898, 3900, 3902, 3903, 3904, 3909
Eastern Goldfields Medical Division of General Practice	Mr	Terry	Keating	Dr	Mal	Hodston	08 9021 6610	WA	<a href="http://egmdgp.com.au">http://egmdgp.com.au</a>	6426, 6429, 6430, 6431, 6432, 6433, 6434, 6435, 6436, 6347, 6438, 6440, 6442, 6433, 6444, 6445, 6446, 6447, 6448, 6450, 6484, 6646
Eastern Ranges GP Association	Ms	Kristin	Michaels	Dr	Barbara	Inness	03 9739 6751	VIC	<a href="http://www.ergpa.com.au">http://www.ergpa.com.au</a>	3115, 3116, 3136, 3137, 3138, 3139, 3140, 3159, 3160, 3766, 3767, 3781, 3782, 3783, 3787, 3788, 3789, 3791, 3792, 3793, 3795, 3804, 3807, 3808, 3809, 3810, 3812, 3813, 3814, 3815, 3978, 3765, 3770, 3775, 3777, 3778, 3779, 3796, 3797, 3799, 3159, 3160, 376
Eastern Sydney Division of General Practice	Mr	Kevin	Reid	Dr	Eugen	Molodysky	02 9389 0874	NSW	<a href="http://www.esdgp.org.au">http://www.esdgp.org.au</a>	2000, 2008, 2010, 2011, 2012, 2021, 2022, 2023, 2025, 2056, 2027, 2028, 2029, 2030
Eyre Peninsula Division of General Practice	Ms	Raelene	Fuller	Dr	Jerome	Connolly	08 8682 5599	SA	<a href="http://www.epdgp.org.au">http://www.epdgp.org.au</a>	5600, 5601, 5603, 5604, 5605, 5606, 5607, 5608, 5609, 5630, 5631, 5632, 5633, 5640, 5641, 5642, 5650, 5651, 5652, 5653, 5654, 5655, 5660, 5661, 5670, 5671, 5680, 5690
Far North Queensland Rural Division of General Practice	Mr	Phil	Jervis	Dr	Desmond	Hill	07 4061 1534	QLD	<a href="http://www.fnrtdgp.org.au">http://www.fnrtdgp.org.au</a>	4852, 4854, 4855, 4856, 4857, 4858, 4859, 4860, 4871, 4872, 4873, 4874, 4875, 4876, 4880, 4882, 4883, 4885, 4886
Flinders and Far North Division of General Practice	Ms	Leeann	Harbridge	Dr	Tony	Lian-Lloyd	08 8642 3166	SA	<a href="http://www.flndiv.com.au">http://www.flndiv.com.au</a>	5433, 5434, 5485, 5700, 5710, 5720, 5722, 5723, 5724, 5725, 5730, 2731, 2732, 5733, 5734
Fremantle GP Network Ltd	Ms	Christa	Riegler	Dr	Graham	Farquhar	08 9319 0555	WA	<a href="http://www.frdgp.com.au">http://www.frdgp.com.au</a>	6148, 6149, 6150, 6153, 6154, 6155, 6156, 6157, 6158, 6159, 6160, 6162, 6163, 6164, 6166, 6161, 6798, 6799
General Practice & Primary Health Care Northern Territory				Dr	Sarah	Giles	08 8982 1050	NT	<a href="http://www.gpphcont.org.au">http://www.gpphcont.org.au</a>	
General Practice Alliance - South Gippsland Limited	Mr	Alan	Gostelow	Dr	Nola	Maxfield	03 5674 3105	VIC	<a href="http://www.gpasouthgippsland.com.au">http://www.gpasouthgippsland.com.au</a>	3870, 3871, 3874, 3921, 3922, 3923, 3925, 3945, 3946, 3950, 3951, 3953, 3954, 3956, 3957, 3958, 3959, 3960, 3962, 3964, 3965, 3966, 3967, 3971, 3979, 3981, 3984, 3987, 3988, 3990, 3991, 3992, 3995, 3996
General Practice Cairns	Mr	Bernie	Triggs	Dr	Nichola	Davis	07 4052 1699	QLD	<a href="http://www.gpcairns.org.au">http://www.gpcairns.org.au</a>	4861, 4865, 4868, 4869, 4870, 4871, 4878, 4879
General Practice Divisions Victoria	Mr	Bill	Newton	Dr	Rob	Grenfell	03 9341 5200	VIC	<a href="http://www.gpdv.com.au">http://www.gpdv.com.au</a>	
General Practice North	Mr	Phil	Edmondson	Dr	Judith	Watson	03 6331 9296	TAS	<a href="http://www.gpnorth.com.au">http://www.gpnorth.com.au</a>	7209, 7210, 7211, 7212, 7213, 7214, 7215, 7216, 7248, 7249, 7250, 7252, 7253, 7254, 7255, 7257, 7258, 7259, 7260, 7261, 7262, 7263, 7264, 7265, 7267, 7268, 7270, 7275, 7276, 7277, 7290, 7291, 7292, 7300, 7301, 7302, 7303, 7304
General Practice North West	Ms	Elvie	Hales	Dr	Nicholas	Barnes	03 6432 1440	TAS	<a href="http://www.gpnw.com.au">http://www.gpnw.com.au</a>	7256, 7305, 7306, 7307, 7310, 7315, 7316, 7320, 7321, 7322, 7325, 7330, 7331, 7466, 7467, 7468, 7469, 7470
General Practice South	Ms	Sue	Moir	Dr	Graeme	Bleach	03 6234 4230	TAS	<a href="http://www.gpsouth.com.au">http://www.gpsouth.com.au</a>	7000, 7001, 7004, 7005, 7007, 7008, 7009, 7010, 7011, 7012, 7015, 7016, 7017, 7018, 7019, 7020, 7021, 7022, 7023, 7024, 7025, 7026, 7027, 7030, 7050, 7052, 7053, 7054, 7055, 7109, 7112, 7113, 7116, 7117, 7119, 7120, 7123, 7139, 7140, 4150, 4155, 7162, 716
General Practice Tasmania Ltd	Ms	Sarah	Male	Dr	Annette	Douglas	03 6224 1114	TAS	<a href="http://www.gptasmania.com.au">http://www.gptasmania.com.au</a>	

Organisation Name	CEO Title	CEO First Name	CEO Last Name	Chair Title	Chair First Name	Chair Surname	Phone	State	URL	Postcodes
General Practitioners Association of Geelong	Mr	Jason	Trethowan	Dr	Tim	Denton	03 5229 1922	VIC	<a href="http://www.gpageelong.com.au">http://www.gpageelong.com.au</a>	3212, 3214, 3215, 3216, 3217, 3218, 3219, 3220, 3221, 3222, 3223, 3224, 3225, 3226, 3227, 3228, 3230, 3231, 3331, 3332, 3333
Gold Coast Division of General Practice	Mr	Matthew	Carrood	Dr	Michael	Wright	07 5507 7777	QLD	<a href="http://www.gcdgp.com.au">http://www.gcdgp.com.au</a>	4209, 4210, 4211, 4212, 4213, 4214, 4215, 4216, 4217, 4218, 4219, 4220, 4221, 4223, 4224, 4225, 4226, 4227, 4228, 4229, 4230, 4270, 4271, 4272, 4275
Goulburn Valley Division of General Practice	Ms	Debra	Cottrill	Dr	Sue	Furphy	03 5831 5399	VIC	<a href="http://www.gvdp.com.au">http://www.gvdp.com.au</a>	3523, 3588, 3599, 3607, 3608, 3610, 3612, 3613, 3614, 3616, 3617, 3618, 3620, 3621, 3623, 3624, 3629, 3631, 3633, 3634, 3635, 3636, 3637, 3638, 3639, 3640, 3641, 3644, 3646, 3647, 3649, 3660, 3661, 3662, 3663, 3664, 3665
GP Coastal	Mr	Mike	Seward	Dr	Marcus	Tan	08 9389 9144	WA	<a href="http://www.gpcostal.com.au">http://www.gpcostal.com.au</a>	6005, 6007, 6008, 6009, 6010, 6011, 6012, 6014, 6015, 6016, 6018, 6019, 6872, 6901
GP Connections	Mr	Tim	Wilke	Dr	Graham	Emblen	07 4688 2000	QLD	<a href="http://www.gpcconnections.com.au">http://www.gpcconnections.com.au</a>	4342, 4343, 4344, 4347, 4350, 4352, 4354, 4355, 4356, 4358, 4359, 4400, 4401, 4403
GP Down South	Ms	Judy	Fraser	Dr	Mostyn	Hamdorf	08 9581 3352	WA	<a href="http://www.gpdownsouth.com.au">http://www.gpdownsouth.com.au</a>	6207, 6208, 6210, 6211, 6213, 6214, 6215, 6218, 6220, 6221 (50%), 6222 (50%), 6223 (50%), 6225, 6240, 6243, 6244, 6251, 6253 (50%), 6254, 6255, 6256, 6258, 6260, 6262, 6275, 6280, 6281, 6282, 6284, 6285, 6286, 6288, 6290
GPpartners	Ms	Abbe	Anderson	Dr	Henry	Bryan	07 3630 7300	QLD	<a href="http://www.gppartners.com.au">http://www.gppartners.com.au</a>	4000, 4001, 4002, 4003, 4004, 4005, 4006, 4007, 4008, 4009, 4010, 4011, 4012, 4013, 4014, 4017, 4018, 4029, 4030, 4031, 4032, 4034, 4035, 4036, 4037, 4051, 4052, 4052, 4053, 4054, 4055, 4059, 4060, 4061, 4064, 4065, 4066, 4067, 4068, 4069, 4070, 4072, 450
Great Southern GP Network	Ms	Suzanne	Leavesley	Dr	Dawid	Tadj			<a href="http://www.gsdgp.com.au">http://www.gsdgp.com.au</a>	6306, 6308, 6309, 6311-6313, 6316-6318, 6320-6324, 6326-6328, 6330, 6333, 6335-6338, 6341, 6343, 6346, 6348, 6350, 6352, 6353, 6355-6359, 6361, 6363, 6365, 6367, 6370, 6372, 6373, 6390-6397
Greater Bunbury Division of General Practice	Ms	June	Foulds	Dr	Pamela	Burgar	08 9722 1876	WA	<a href="http://www.gbdgp.com.au">http://www.gbdgp.com.au</a>	6221, 6223, 6224, 6226, 6227, 6228, 6229, 6230, 6232, 6233, 6236, 6237, 6239, 6251, 6252, 6253, 6271
Greater South Eastern Division of General Practice	Dr	Leon	Massage	Dr	John	Reid	03 9569 5077	VIC	<a href="http://www.gsedgp.com.au">http://www.gsedgp.com.au</a>	3145, 3146 (50%), 3147 (50%), 3148, 3149, 3150, 3166, 3168, 3170, 3800
Hastings Maceay Division of General Practice	Mr	Paul	Ward	Dr	Dawid	Gregory	02 6583 3600	NSW	<a href="http://www.hmgdp.org.au">http://www.hmgdp.org.au</a>	2431, 2439, 2440, 2441, 2443, 2444, 2445, 2446, 2898
Hawkesbury-Hills Division of General Practice	Mr	Darren	Carr	Dr	Tony	Rombola	02 8884 9444	NSW	<a href="http://www.hhdgp.com.au">http://www.hhdgp.com.au</a>	2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250
Hunter Rural Division of General Practice	Ms	Alison	Crocker	Dr	Jenny	Draper	02 4933 3824	NSW	<a href="http://www.hrdgp.org.au">http://www.hrdgp.org.au</a>	2301, 2309, 2311, 2312, 2315, 2316, 2317, 2321, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2415, 2420, 2421, 2422, 2423, 2424, 2525, 2426, 2428, 2429, 2430
Hunter Urban Division of General Practice	Dr	Arn	Sprogis	Dr	Yvonne	Bailey	02 4925 2259	NSW	<a href="http://www.hudgp.org.au">http://www.hudgp.org.au</a>	2259, 2264, 2265, 2267, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2314, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 233
Illawarra Division of General Practice	Dr	Andrew	Dalley	Dr	Rene	Dostal	02 4226 7052	NSW	<a href="http://www.idgp.org.au">http://www.idgp.org.au</a>	2500, 2502, 2505, 2506, 2508, 2515, 2516, 2517, 2518, 2519, 2522, 2525, 2526, 2527, 2528, 2529, 2530, 2532, 2533, 2534
Inner Eastern Melbourne Division of General Practice	Mr	Collin	Roberts	Dr	Michael	Conos	03 9816 9096	VIC	<a href="http://www.iemgdgp.com.au">http://www.iemgdgp.com.au</a>	3101, 3102, 3103, 3104, 3105, 3106, 3107, 3108, 3122, 3123, 3124, 3125, 3126, 3127, 3129, 3146, 3147
Ipswich and West Moreton Division of General Practice	Ms	Sharon	Oxenbridge	Dr	Phillip	Burrell	07 3813 7000	QLD	<a href="http://www.iwmdgp.org.au">http://www.iwmdgp.org.au</a>	4300, 4301, 4303, 4304, 4305, 4306, 4307, 4309, 4310, 4311, 4312, 4313, 4340, 4341, 4342, 4346
Kimberley Division of General Practice	Mr	Matthew	Burrows	Dr	Harpreet	Singh	08 9192 7888	WA	<a href="http://www.kdgp.com.au">http://www.kdgp.com.au</a>	6725, 6728, 6740, 6743, 6765, 6770
Knox Division of General Practice	Ms	Melanie	Virtue	Dr	Igor	Jakubowicz	03 9720 2044	VIC	<a href="http://www.knoxdiv.com.au">http://www.knoxdiv.com.au</a>	3136, 3137, 3152, 3153, 3154, 3155, 3156, 3158, 3178, 3179, 3180, 3785, 3786

Organisation Name	CEO Title	CEO First Name	CEO Last Name	Chair Title	Chair First Name	Chair Surname	Phone	State	URL	Postcodes
Limestone Coast Division of General Practice	Mr	Ralph	Kogler	Dr	Jane	Kitchen	08 8733 0160	SA	<a href="http://www.sesadgp.org.au">http://www.sesadgp.org.au</a>	5262, 5263, 5267, 5268, 5269, 5270, 5271, 5272, 5273, 5275, 5276, 5277, 5278, 5279, 5280, 5290, 5291
Liverpool Division of General Practice	Ms	Pina	Siciliano	Dr	Regina	Greenwood	02 9828 6520	NSW	<a href="http://www.liverpoolgp.com.au">http://www.liverpoolgp.com.au</a>	2168, 2170, 2171, 2173, 2585, 2745.
Logan Area Division of General Practice	Ms	Marguerite	Mobbs	Dr	Peter	De Vries	07 3290 3733	QLD	<a href="http://www.ladgp.com.au">http://www.ladgp.com.au</a>	4114, 4115, 4116, 4117, 4118, 4119, 4123, 4124, 4125, 4127, 4128, 4129, 4130, 4131, 4132, 4133, 4205, 4207, 4208
Macarthur Division of General Practice	Mr	Rene	Pennock	Dr	Ross	Mackay	02 4625 9522	NSW	<a href="http://www.macedgp.com.au">http://www.macedgp.com.au</a>	2167, 2171, 2174, 2558, 2559, 2560, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574.
Mackay Division of General Practice	Mr	Christian	Grieves	Dr	Lynne	Mulholland	07 4953 4491	QLD	<a href="http://www.mackaydgp.com.au">http://www.mackaydgp.com.au</a>	4707, 4737, 4738, 4739, 4740, 4741, 4742, 4743, 4744, 4745, 4750, 4751, 4753, 4754, 4756, 4757, 4798, 4799, 4800, 4801, 4802, 4803
Mallee Division of General Practice	Mr	David	Thompson	Dr	Stewart	Booth	03 5023 8633	VIC	<a href="http://www.malleedgp.com.au">http://www.malleedgp.com.au</a>	2648, 2715, 2717, 2734, 2735, 2736, 2737, 2438, 2739, 3396, 3413, 3420, 3485, 3487, 3488, 3489, 3490, 3491, 3494, 3496, 3498, 3500, 3501, 3502, 3505, 3506, 3507, 3509, 3512, 3530, 3531, 3533, 3544, 3546, 3549, 3583, 3584, 3585, 3588, 3589, 2590, 3591, 359
Manly Warringah Division of General Practice	Dr	Frances	Black	Dr	Diana	Hart	02 9979 7825	NSW		2084, 2085, 2086, 2087 (shared with NSDGP), 2092, 2093, 2094, 2095, 2096, 2099, 2099, 2100, 2101, 2105, 2103, 2104, 2105, 2106, 2107, 2108.
Melbourne Division of General Practice	Ms	Debra	Goldfinch	Dr	John	Stanton	03 9347 1188	VIC	<a href="http://www.mdgp.com.au">http://www.mdgp.com.au</a>	3000, 3001, 3002, 3003, 3005, 3006, 3031, 3050, 3051, 3052, 3053, 3054, 3055, 3056, 3057, 3065, 3066, 3067, 3068, 3121, 3207
Mid North Coast (NSW) Division of General Practice	Mr	Peter	Spence	Dr	John	Kramer	02 6651 5774	NSW	<a href="http://www.mncoastdgp.org.au">http://www.mncoastdgp.org.au</a>	2441, 2447, 2448, 2449, 2450, 2452, 2453, 2454, 2455, 2456, 2460, 2462.
Mid North Division of Rural Medicine	Mr	Kim	Hosking	Dr	James	McLeman	08 8842 1077	SA	<a href="http://www.mndgp.org.au">http://www.mndgp.org.au</a>	538, 1 5411, 5412, 5413, 5414, 5415, 5416, 5417, 5418, 5419, 5420, 5421, 5422, 5430, 5431, 5432, 5440, 5451, 5452, 5453, 5454, 5455, 5460, 5461, 5462, 5464, 5470, 5471, 5472, 5473, 5480, 5481, 5482, 5483, 5485, 5486, 5490, 5491, 5493, 5495, 5501, 5510,
Midwest GP Network	Mr	Martin	Weatherston	Dr	Ian	Taylor	08 9964 2812	WA	<a href="http://www.gpnetwork.org.au">http://www.gpnetwork.org.au</a>	6514, 6515, 6516, 6517, 6518, 6519, 6522, 6525, 6528, 6530, 6532, 6535, 6536, 3537, 6620, 6623, 6625, 6627, 6628, 6630, 6631, 6632, 6635, 6638, 6639, 6640, 6642, 6701, 6705, 6707, 6710
Monash Division of General Practice	Ms	Mary	Mathews	Dr	Tim	Foo	03 9570 3727	VIC	<a href="http://www.monashdivision.com.au">http://www.monashdivision.com.au</a>	3163, 3165, 3169, 3171, 3189, 3202, 3204
Mornington Peninsula Division of General Practice	Dr	John	Siemienowicz	Dr	Peter	Meggysy	03 9769 6133	VIC	<a href="http://www.mpdgp.org.au">http://www.mpdgp.org.au</a>	3196, 3198, 3198, 3199, 3200, 3201, 3910, 3911, 3912, 3913, 3915, 3916, 3919, 3919, 3920, 3926, 3927, 3928, 3929, 3930, 3931, 3933, 3934, 3936, 3937, 3938, 3939, 3940, 3941, 3942, 3943, 3944
Murray Mallee Division of General Practice	Ms	Chris	McRae	Dr	Michael	Beckoff	08 8531 1303	SA	<a href="http://www.im.net.au/~mmdgp/">http://www.im.net.au/~mmdgp/</a>	5237, 5238, 5253, 5254, 5259, 5260, 5261, 5264, 5265, 5266, 5301, 5302, 5303, 5304, 5306, 5307, 5308, 5309, 5310
Murray Plains Division of General Practice	Mr	Matt	Jones	Dr	Rob	Brun	03 5456 4086	VIC	<a href="http://www.mpdgp.com.au">http://www.mpdgp.com.au</a>	2710, 2731, 2732, 3516, 3517, 3518, 3520, 3525, 3527, 3529, 3535, 3536, 3537, 3540, 3542, 3558, 3561, 3562, 3563, 3564, 3565, 3566, 3567, 3568, 3570, 3571, 3572, 3573, 3575, 3576, 3578, 3579, 3580, 3581, 3622
Murrumbidgee Division of General Practice	Mr	Keith	McDonald	Dr	Marion	Reeves	02 6953 6454	NSW	<a href="http://www.mdgp.net.au">http://www.mdgp.net.au</a>	2652, 2665, 2675, 2680, 2681, 2700, 2703, 2705, 2706, 2707, 2711, 2712, 2713, 2714, 2716, 2733.
Nepean Division of General Practice	Mr	Michael	Edwards	Dr	Shiva	Prakash	02 4721 1150	NSW	<a href="http://www.nepeandgp.org.au">http://www.nepeandgp.org.au</a>	2745, 2747, 2748, 2749, 2750, 2751, 2752, 2759, 2760.
New England Division of General Practice	Ms	Sally	Armitage	Dr	Paul	Kennedy	02 6771 1146	NSW	<a href="http://www.nedgp.org.au">http://www.nedgp.org.au</a>	2350, 2351, 2354, 2358, 2359, 2360, 2361, 2365, 2369, 2370, 2371, 2372, 2403, 2410, 2457, 2458, 2470.
North & West Old Primary Health Care	Mr	Kelly	McIaggart	Dr	Margaret	Culpan	07 4725 8868	QLD	<a href="http://www.nwqphc.com.au">www.nwqphc.com.au</a>	4472, 4478, 4481, 4482, 4712, 4724, 4725, 4726, 4727, 4730, 4731, 4732, 4733, 4735, 4736, 4804, 4805, 4806, 4807, 4808, 4816, 4820, 4821, 4822, 4823, 4824, 4825, 4828, 4830, 4849
North East Valley Division of General Practice	Mr	Ken	Mansbridge	Dr	Peter	Elzenberg	03 9496 4333	VIC	<a href="http://www.nvedgp.org.au">http://www.nvedgp.org.au</a>	3070, 3071, 3078, 3079, 3081, 3083, 3084, 3085, 3087, 3088, 3089, 3090, 3091, 3093, 3094, 3095, 3096, 3097, 3099, 3105, 3759, 3760, 3761, 3763
North East Victorian Division of General Practice	Mr	David	Dart	Dr	Gillian	Perriment	03 5754 1226	VIC	<a href="http://www.nveicdgp.org.au">http://www.nveicdgp.org.au</a>	2642, 2647, 3666, 3670, 3672, 3673, 3675, 3676, 3677, 3678, 3682, 3683, 3685, 3687, 3688, 3691, 3693, 3694, 3695, 3697, 3698, 3699, 3700, 3701, 3704, 3705, 3707, 3708, 3709, 3711, 3712, 3713, 3714, 3715, 3717, 3718, 3719, 3720, 3722, 3733, 3735, 3736, 3738



Organisation Name	CEO Title	CEO First Name	CEO Last Name	Chair Title	Chair First Name	Chair Surname	Phone	State	URL	Postcodes
Southern Division of General Practice	Dr	Helena	Williams	Dr	Daniel	Byrne	08 8298 0777	SA	<a href="http://www.sdgp.com.au">http://www.sdgp.com.au</a>	5038, 5039, 5041, 5042, 5043, 5044, 5045, 5046, 5047, 5048, 5049, 5050, 5051, 5052, 5062, 5150, 5157, 5158, 5159, 5160, 5161, 5162, 5163, 5164, 5165, 5166, 5167, 5168, 5169, 5170, 5171, 5172, 5173, 5174, 5202, 5203, 5204, 5210, 5211, 5212, 5213, 5214, 522
Southern Highlands Division of General Practice	Dr	Wanwick	Ruscoe	Dr	Ann	Parker	02 4861 6084	NSW		2574, 2575, 2576, 2577, 2578
Southern QLD Rural Division of General Practice	Ms	Brenda	Tait	Dr	Lorraine	Wheeldon	07 4638 1377	QLD	<a href="http://www.sqrdgp.com.au">http://www.sqrdgp.com.au</a>	4280, 4285, 4287, 4357, 4360, 4361, 4362, 4370, 4371, 4372, 4373, 4374, 4375, 4376, 4377, 4378, 4380, 4381, 4382, 4383, 4384, 4385, 4387, 4388, 4390, 4402, 4404, 4405, 4406, 4407, 4408, 4409, 4410, 4411, 4412, 4413, 4415, 4416, 4417, 4418, 4419, 4420, 442
St George Division of General Practice	Dr	Klaus	Stelter	Dr	Phillip	Taplin	02 9585 2044	NSW	<a href="http://www.stgeorgegdgp.asn.au">http://www.stgeorgegdgp.asn.au</a>	2205, 5507, 2208, 2209, 2210, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223
Sunshine Coast Division of General Practice	Mr	Ian	Landreth	Dr	Fiona	McGrath	07 5456 8888	QLD	<a href="http://www.scdgp.org.au">http://www.scdgp.org.au</a>	4519, 4550, 4551, 4553, 4554, 4555, 4556, 4557, 4558, 4559, 4560, 4561, 4562, 4563, 4564, 4565, 4566, 4567, 4568, 4569, 4570, 4572, 4573, 4574, 4575, 4580, 4581
Sutherland Division of General Practice	Ms	Yvonne	Rowling	Dr	Rowan	Vickers	02 9525 4011	NSW	<a href="http://www.shiregpps.org.au">http://www.shiregpps.org.au</a>	2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2171
Sydney South-West GP Network Ltd	Dr	Ken	Cho	Dr	Robert	Yeoh	02 9726 1663	NSW	<a href="http://www.sswgpn.com.au">http://www.sswgpn.com.au</a>	2160 (shared with Western Sydney), Abbotsbury 2176, Bonnyrigg 2177, Bonnyrigg Heights 2177, Bossley Park 2176, Cabramatta 2166, Cabramatta West 2166, Canley Heights 2166, Canley Vale 2166, Carramar 2163, Cecil Park 2171, Edensor Park 2176, Fairfield (subu
Top End Division of General Practice	Dr	Leonie	Katekar	Dr	Peter	Beaumont	08 8982 1000	NT	<a href="http://www.tedgp.asn.au">http://www.tedgp.asn.au</a>	0800, 0801, 0810, 0811, 0812, 0820, 0821, 0822, 0828, 0830, 0831, 0832, 0835, 0836, 0837, 0845, 0846, 0847, 0850, 0851, 0852, 0853, 0854, 0880, 0881, 0885, 0886
Townsville Division of General Practice	Ms	Julie	Scheuber	Dr	Kevin	Ariett	07 4725 8915	QLD	<a href="http://www.tdgp.com.au">http://www.tdgp.com.au</a>	4809, 4810, 4811, 4812, 4813, 4814, 4815, 4817, 4818, 4819
Tweed Valley Division of General Practice	Mr	Gary	Southey	Dr	Diane	Blanken-see	02 6672 5158	NSW		2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 4225
WA General Practice Network	Mr	Chris	Carter	Dr	Rachel	Hammond	(08) 9472 2922	WA	<a href="http://www.wagnetwork.com.au">http://www.wagnetwork.com.au</a>	
Wentwest Limited	Mr	Martin	Wiltshire	Dr	Tim	Usherwood	02 8833 8000	NSW	<a href="http://www.wentwest.com">http://www.wentwest.com</a>	2115, 2116, 2117, 2123, 2141, 2142, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2160, 2761, 2766, 2767, 2770
West Vic Division of General Practice	Ms	Sally	Phillip	Dr	Danie	de Villiers	03 5352 4804	VIC	<a href="http://www.westvicdva.asn.au">http://www.westvicdva.asn.au</a>	3291, 3311, 3315, 3317, 3318, 3319, 3373, 3375, 3377, 3378, 3379, 3380, 3381, 3384, 3385, 3387, 3388, 3390, 3391, 3392, 3393, 3395, 3399, 3400, 3401, 3409, 3412, 3414, 3417, 3418, 3419, 3422, 3423, 3424, 3464, 3465, 3467, 3468, 3469, 3478, 3480, 3482, 348
Western Melbourne Division of General Practice	Mr	Renzo	Sgarbossa	Dr	Jo-Ann	Silva	03 9689 4566	VIC	<a href="http://www.westerngp.com.au">http://www.westerngp.com.au</a>	3011, 3012, 3013, 3019, 3020, 3021, 3022, 3023, 3032, 3037, 3038, 3039, 3038, 3335, 3337, 3338
Westgate Division of General Practice	Ms	Corinne	Siebel	Dr	Simon	Leslie	03 9399 4862	VIC	<a href="http://www.westgategp.com">http://www.westgategp.com</a>	3015, 3016, 3018, 3024, 3025, 3026, 3027, 3028, 3029, 3030, 3211
Wheatbelt GP Network	Mr	Michael	Keeble	Dr	Frank	Kubicek	08 9621 1530	WA	<a href="http://www.wheatbelt.com.au">http://www.wheatbelt.com.au</a>	6041, 6043, 6044, 6302, 6304, 6368, 6369, 6375, 6383, 6385, 6386, 6401, 6403, 6405, 6407, 6409, 6410, 6411, 6413, 6414, 6415, 6418, 6420, 6421, 6422, 6423, 6460, 6461, 6462, 6464, 6466, 6467, 6468, 6472, 6475, 6477, 6479, 6485, 6488, 6489, 6490, 6502, 650
Whitehorse Division of General Practice	Mrs	Marianne	Shearer	Dr	Chris	Pearce	03 8878 3755	VIC	<a href="http://www.wdgp.com.au">http://www.wdgp.com.au</a>	3106, 3108, 3111, 3113, 3114, 3125, 3128, 3129, 3130, 3131, 3133, 3134, 3135, 3151
Wide Bay Division of General Practice	Dr	Christine	Murphy	Dr	Riitta	Pantanan	07 4151 0814	QLD	<a href="http://www.widebaydgp.org.au">http://www.widebaydgp.org.au</a>	4621, 4625, 4626, 4627, 4650, 4655, 4660, 4662, 4670, 4671, 4673, 4674, 4676, 4677, 4678
Yorke Peninsula Division of General Practice	Mr	David	Holman	Dr	George	Kokar	08 8821 4066	SA	<a href="http://www.jp-connect.net/~yodgp">http://www.jp-connect.net/~yodgp</a>	5510, 5520, 5552, 5554, 5555, 5556, 5558, 5560, 5570, 5571, 5572, 5573, 5575, 5576, 5577, 5580, 5581, 5582, 5583

# Australian General Practice Network Forum 2007

## 15-18 November 2007 Hotel Grand Chancellor, Hobart

Join us in Hobart in 2007  
at Australia's premier primary health care conference  
as we create and realise a vision for the Network 2008-2011.

Each year, the Australian General Practice Network Forum brings together over 1,000 delegates in a dynamic setting to discuss the pivotal issues facing Australia's primary health care sector. The 2007 Conference will offer a comprehensive, interactive program for division staff and other stakeholders with an interest in driving a primary health care agenda.

The focus will be on doing divisions' business better and the future profile and priorities for the Australian general practice network.

### Day One (Thursday 15 November) features:

**Divisions' Business: Innovation, Partnerships, Solutions** with a focus on key divisional programs – the network's core business. Local solutions will be showcased and emerging priorities, opportunities and issues discussed in a workshop format covering four streams:

- Aged and Palliative Care 'Caring across the lifespan'
- Mental Health 'COAG Mental Health: models of integrated care'
- Chronic Disease Management 'The burden and business of chronic disease management'
- Aboriginal and Torres Strait Islander Health 'Partnering for better health in Indigenous communities'.

### Days Two - Four (Friday 16 to Sunday 18 November)

**The future role and focus of the network.** The program will comprise and feature a mix of presentations, debate and interactive sessions, again in four streams:

- Building and sustaining the primary health care team
- The division of the future: more of the same or room for business diversification?
- A call to action: Driving strategic directions for the network
- Viable general practice: how do we make best practice easy practice?

Don't miss this opportunity to be involved in the future directions of the Network. If you haven't already registered go to [www.gpnetworkforum.com.au](http://www.gpnetworkforum.com.au) and register online.

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